

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	7533	
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7-1-00
FORMALITY REVIEW	<i>[Signature]</i>		
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	8/10
2	✓	✓	9-4-03
3	✓	✓	2/20/04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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